

FEB 22 2010

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*A Public Document*

**HUMBOLDT COUNTY ELECTIONS**

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Duffy, Jill K.				
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
				OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

County of Humboldt

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Supervisor - 5th District

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Expanded Statement Attached

Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Humboldt

☐ City of

☐ Multi-County

☐ Other

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year:

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/19/10 (month, day, year)

Signature (File the originally signed statement with your filing official.)

EXPANDED STATEMENT OF ECONOMIC INTERESTS  
*A Public Document*

Agency: Redwood Region Economic Development  
Position Title: Alternate  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Statewide Watershed Monitoring Advisory Committee  
Position Title: Member  
Office of Jurisdiction: State of California  
Type of Statement: Annual

☒ The period covered is January 2, 2009 through December 31, 2009

Agency: Trinity River Basin Fish & Wildlife Task Force  
Position Title: Alternate Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Humboldt County Indian Gaming Community Benefit Committee  
Position Title: Member  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Redwood Coast Energy Authority  
Position Title: Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Waste Management Authority  
Position Title: Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Work Force Investment Board  
Position Title: Alternate Member  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

EXPANDED STATEMENT OF ECONOMIC INTERESTS  
*A Public Document*

RECEIVED  
FEB 22 2010

HUMBOLDT COUNTY  
ELECTIONS

Agency: Caltrans North District External Advisory  
Position Title: Alternate Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

CG

Agency: North Coast Unified Air Quality Management District  
Position Title: Member  
Office of Jurisdiction: Multi-Agency: Counties Humboldt, Trinity and Del Norte  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Five County Conservation Plan & Salmon Restoration  
Position Title: Alternate Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: First Five Humboldt Commission  
Position Title: Alternate Member  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Hazardous Materials Response Authority  
Position Title: Member  
Office of Jurisdiction: Joint Powers Authority  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Klamath River Basin Fisheries Task Force  
Position Title: Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Local Agency Formation Commission  
Position Title: Alternate  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

Agency: Humboldt Transit Authority  
Position Title: Member  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual

☒ The period covered is January 1, 2009 through December 31, 2009

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_  
Duffy, Jill K.

▶ 1. INCOME RECEIVED		RECEIVED
NAME OF SOURCE OF INCOME		
Department of the Interior		
ADDRESS (Business Address Acceptable)		FEB 22 2010
Washington, DC		HUMBOLDT COUNTY
BUSINESS ACTIVITY, IF ANY, OF SOURCE		ELECTIONS
Government		
YOUR BUSINESS POSITION		
California Co-op Leader		
GROSS INCOME RECEIVED		
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	<input checked="" type="checkbox"/> OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> Spouse's or registered domestic partner's income	
<input type="checkbox"/> Loan repayment		
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)		
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more		
_____		
<input type="checkbox"/> Other _____ (Describe)		

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE \_\_\_\_\_ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_

Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_

(Describe)

FPPC Form 700 (2009/2010) Sch. C  
FPPC Toll-Free Helpline: 866/ASK-FPPC [www.fppc.ca.gov](http://www.fppc.ca.gov)